

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**1600 9th Street, Room 420 ~ Sacramento, California 958141831 9th Street ~ Sacramento, California 95814

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FAX (916) 324-9145 (North and Central Region)

FAX (213) 897-0168

www.oshpd.state.ca.us/fdd**Letter of Authorization**

(Agent for Legal Applicant)

OSHDP #:

To: Office of Statewide Health Planning and Development

I hereby authorize _____ (Name) _____ (Title)

To be known as the "Agent for Legal Applicant" in accordance with your Application for Plan Review and as "Owner" on Building Permit and Change Order forms, for the facility known as _____, Facility # _____.

Date: _____

Signature: _____

Name: _____

Title: _____

Address: _____

Phone: _____